

“DO NO HARM”

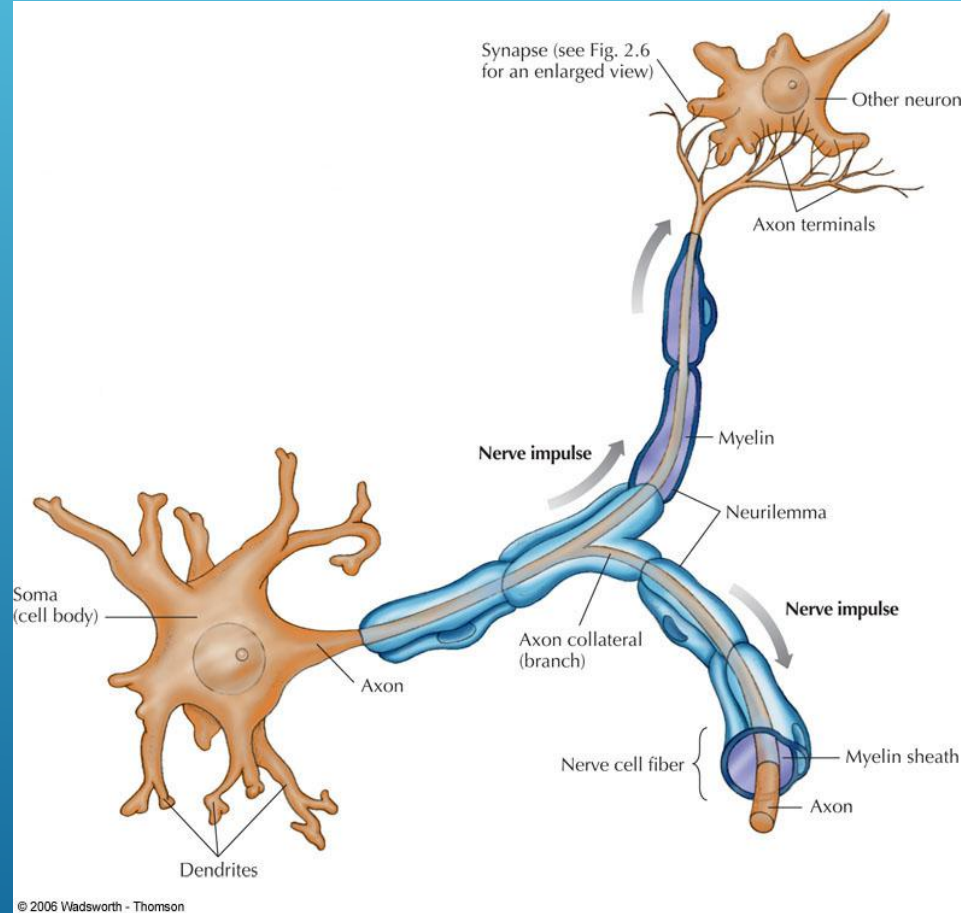
Psychiatric diagnoses and psychotropic medications for foster children.

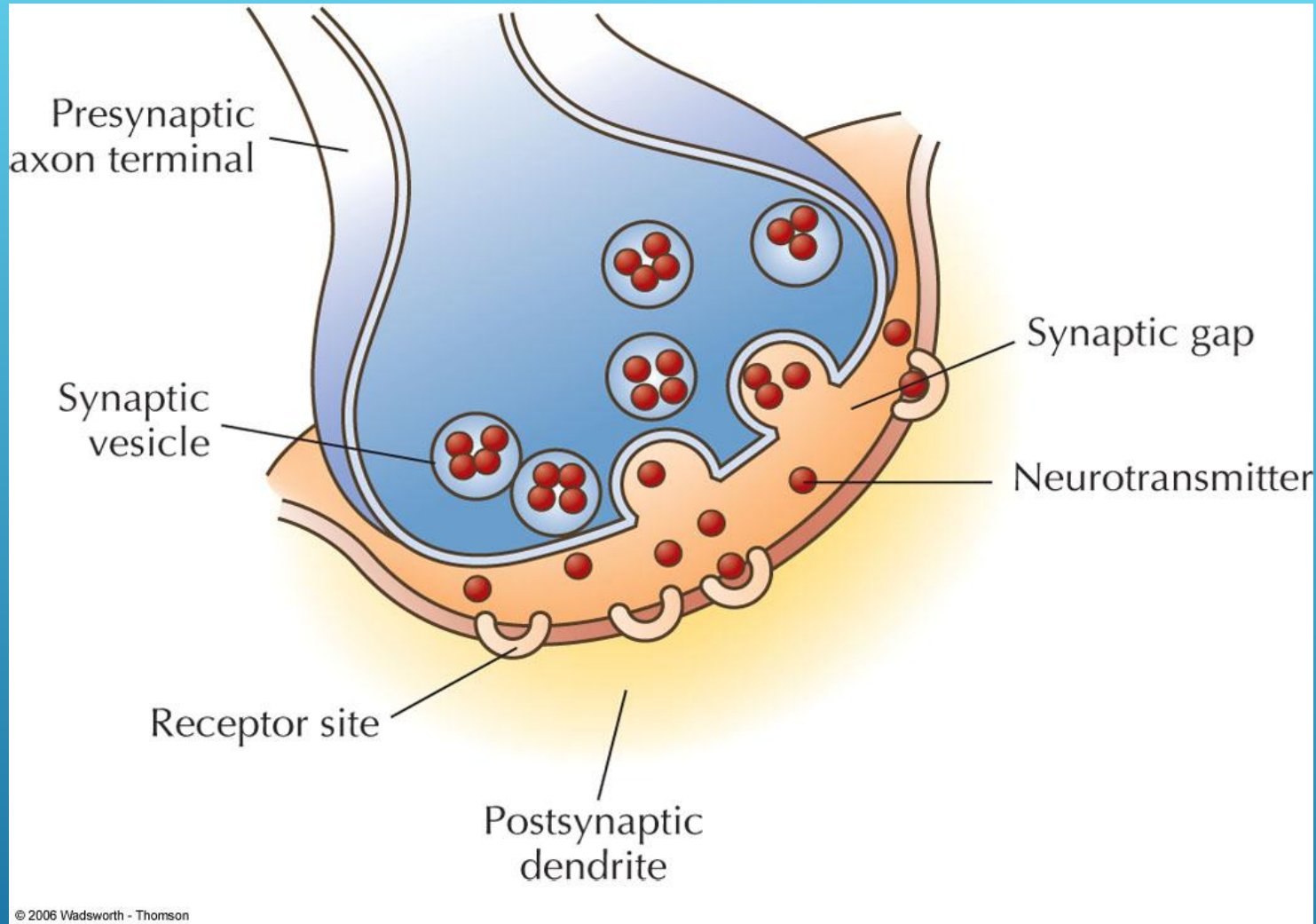
A LITTLE BRAIN WITH A LOT TO DO...



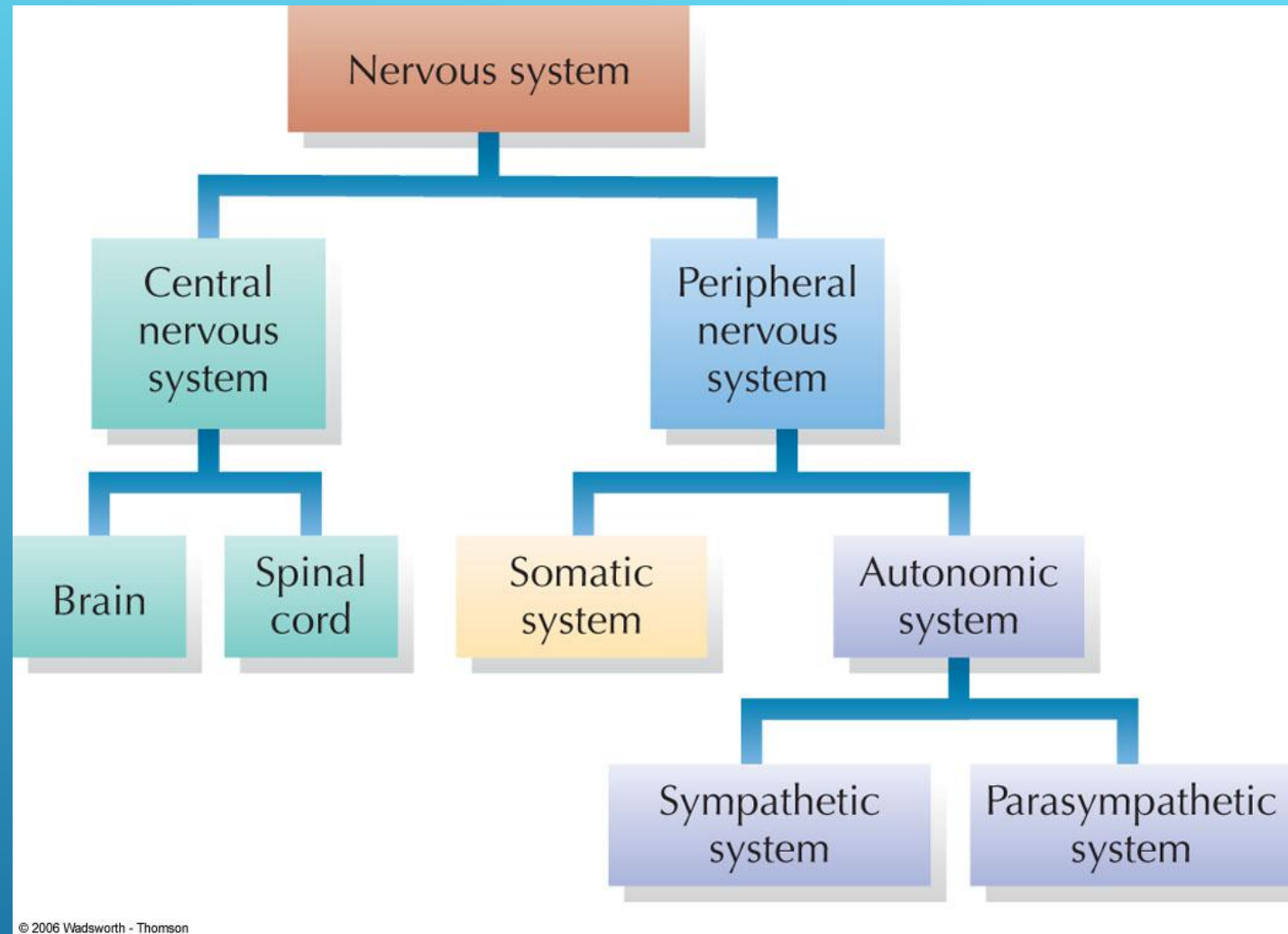
- Born with 100 billion neurons
- Primary job for the next three years – to make connections between those neurons.
- These connections come from experience:
 - Experiences that are created become strong.
 - Experiences that are not repeated get pruned.
 - Both good and bad.

A NEURON AND ITS AXON...

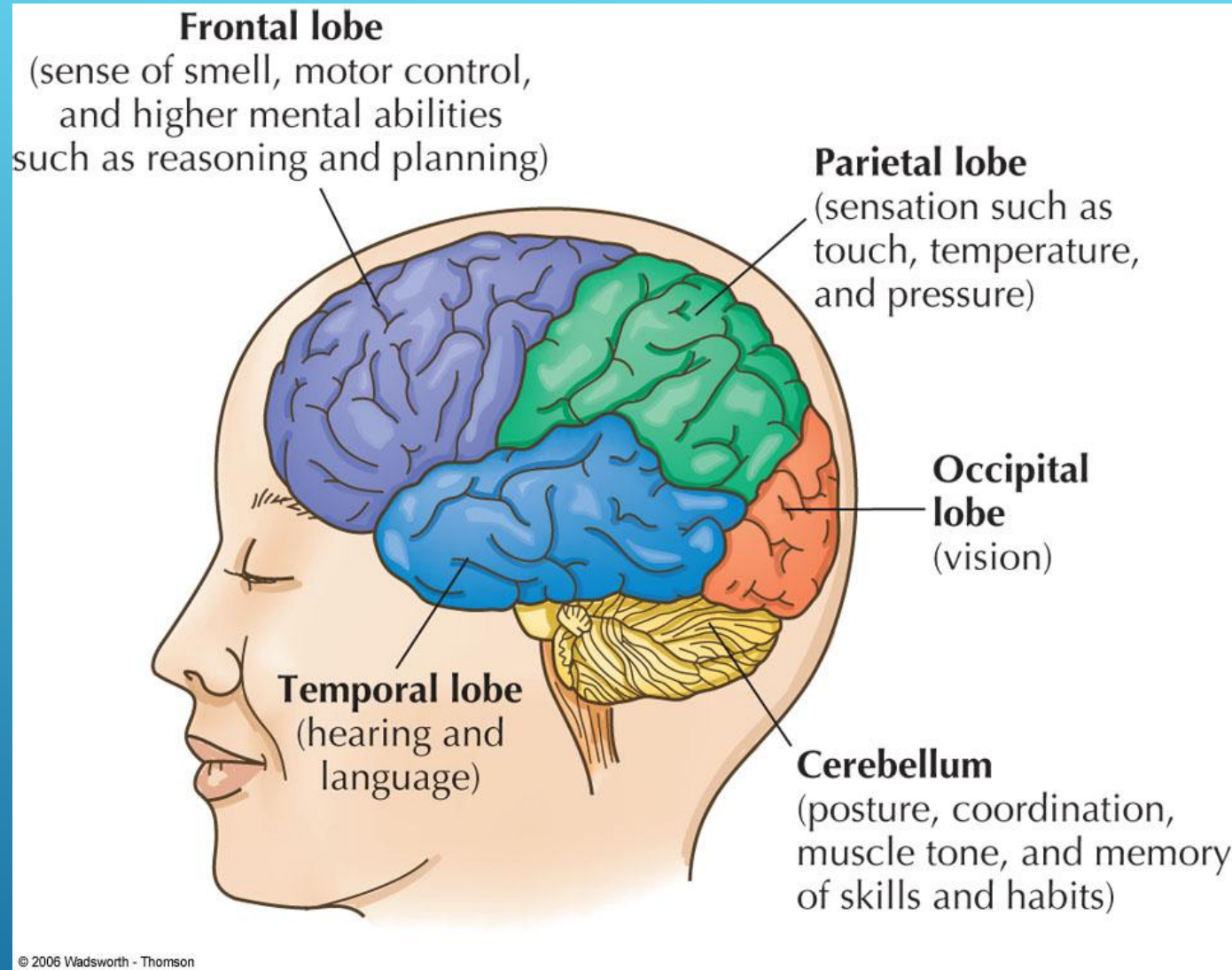




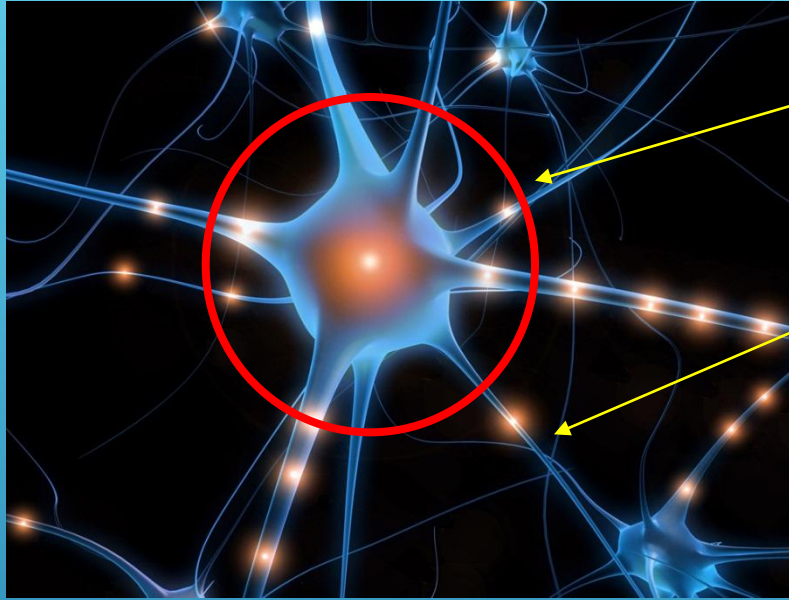
A CLOSER VIEW OF HOW NEURONS COMMUNICATE...



WHERE THEY COMMUNICATE....



THE CEREBRAL CORTEX (70% OF NEURONS ARE HERE)



100 billion neurons at birth

700 - 1,000
synapses per second

Repeated – strengthened
Not repeated - pruned

- Abuse/neglect cause continuous (toxic) stress
- Child's alarm system remains activated.
- Synapses for fear and stress strengthened
- Synapses for learning and self-controlled pruned
- Body and brain set permanently on high alert
- Becomes the foundation of the child's brain

Conclusion: Time is of the essence...

Traumatic Stress causes problems...

Traumatic stress like:

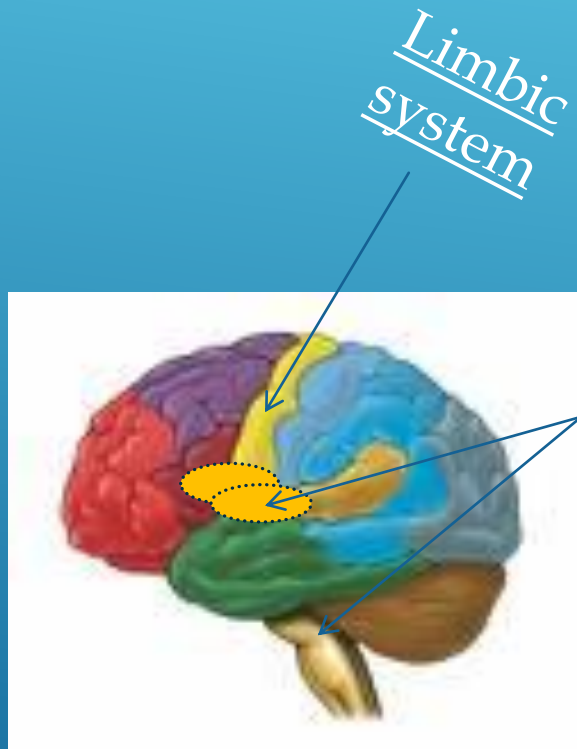
- Physical abuse
- Emotional abuse
- Poor prenatal care
- Poor nutrition
- Poor medical care
- Drug addiction
- Environmental exposure
- Drug exposure

Results in:

- Interrupted development
- Serious emotional problems
- Physiological problems

- Which may not be apparent for years
- And often results in psychological diagnoses.

Neurological Response to Of Maltreated Children to Environmental Stimuli



Limbic
system

- New information comes in through here first
- THEN gets matched to PRIOR information
- If threat or unknown body will protect itself
- Cortisol rises, interferes with brain development
- This neural response strengthens with repetition

THE FIRST, MOST IMPORTANT, ACCOMPLISHMENT FOR AN INFANT IS ATTACHMENT

Infant/child feels threatened, needs help, has a need and elicits the help of the caregiver displaying an “attachment behavior to get his/her attention.

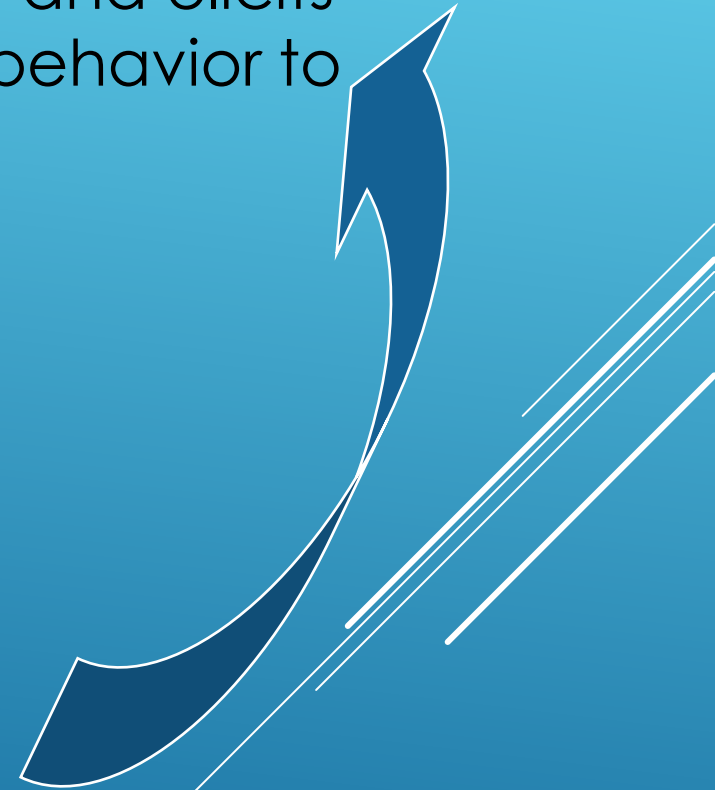


Caregiver correctly reads needs of child and tends to the need.



Child is satisfied, returns to activity confident that help is there if needed.

Will repeat this successful attachment behavior



AS A RESULT OF THEIR TRAUMA, FOSTER CHILDREN COME INTO CARE WITH...

- ...unusual attachment behaviors they used to survive their abuse/neglect which may be misunderstood.
- ... and stress-related neural connections which have interfered with normal brain development.

The Road to Psychiatric Diagnoses in Foster Children:

Responses to threats may be misinterpreted by adults, e.g., hyperarousal may look like ODD which may be made worse by adults who push back.

Generally, traumatized children feel: isolated, helpless, confused, dissociated, and/or out of control.
(Depressed, ADHD, Aggressive...)

Traumatized children often display ADD/ADHD-like symptoms (Katzenstein, 2011).

Mental representations of a child's self-worth based upon how he has been treated by others (Internal working models) leading to unusual behaviors.

- Most common diagnoses: ADHD (39%), Depression (36%), Adjustment/Anxiety Disorders (34%), ODD/CD (21%), Bipolar (17%).
- “Foster children are often misdiagnosed because their life circumstances are not taken into account, they are put on devastating medications and condemned to a life as a psychiatric patients.” (Dr. Bessel van der Kolk (2007)



- Estimates range from 25% to 66% of foster children on psychotropic drugs -- an alarmingly higher rate than non-foster children with the same symptoms.
- Most common medications: Ritalin, Adderall, Prozac, Abilify, Seroquel, Clozaril, Paxil, Zoloft .
- 41.3% \geq 4 different classes (Zito, J., et al., 2008) Pediatrics
- Long-term effects of these drugs are unknown. (Littell, M., 2001)

HAND OUT...

- ▶ Many prescribed psychotropic drugs are:
 - Not approved for children.
 - Not approved for long term use.
 - Have side effects.
 - Are used “off label.”
- ▶ Need to ask:
 - Is this normal behavior given the circumstances?
 - Is this drug appropriate for children?

RECOMMENDATIONS:

If no recent psychiatric diagnosis, a new psych evaluation should be requested .

Foster parents need special training to handle unusual behaviors.

Reduce the trauma that contributes to odd behaviors –

- fewer placements,
- more FP/Kinship/Bio Parent training,
- continuity with past attachment figures, and
- protect from being re-traumatized.



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